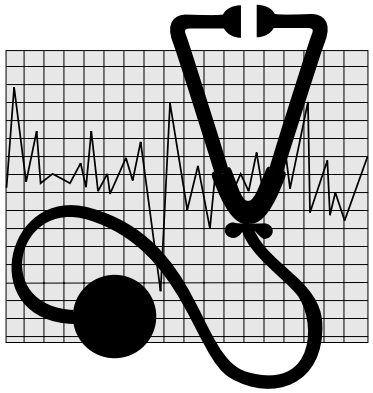
TRANSITIONAL MEDI-CAL

MEDI-CAL FOR WORKING PEOPLE



YOUR FAMILY MAY GET FREE HEALTH CARE!

Transitional Medi-Cal (TMC) is for California families who are no longer eligible for CALWORKs cash aid or Medi-Cal for low income families because of earnings from work. All members of the family may still get no-cost Medi-Cal for up to 12 months. Adults may get it up to 24 months.

IMPORTANT FACTS ABOUT TMC AND OTHER KINDS OF HEALTH CARE COVERAGE

If you just got a job or just started to get more money from your job, but your cash aid or Medi-Cal was stopped for some other reason, be sure to tell us about it. To tell your worker about the job or pay raise or self-employment and request TMC, fill out and return the form on the back of this flyer to your county welfare department.

To get the first 6 months of TMC you must:

- have been on CalWORKs cash aid or Medi-Cal for low income families, and
- have a child in the home.

To get the rest of the months of TMC you must also:

- continue to work, and
- earn under a certain amount, and
- report earnings quarterly.

After the first year of TMC, working parents may get 12 more months, for a total of 24 months, and their children may get other Medi-Cal or Healthy Families program coverage.

EXTENDED MEDI-CAL FOR FAMILIES GETTING CHILD SUPPORT

Four months of extended Medi-Cal may be available for families losing CalWORKs cash aid or Medi-Cal for low income families due to increased child/spousal support. **If you want this kind of Medi-Cal, we need to know about these changes. Please complete the back of this form.**

If you cannot read this form, ask your worker for a translation:

Spanish:

Cambodian:

Chinese:

Russian:

Vietnamese:

REQUEST FOR EXTENDED OR TRANSITIONAL MEDI-CAL

Did your Medi-Cal or CalWORKs cash aid stop and:

- You have earnings from a job, a business you started, or a pay raise? . . . . . ☐ YES ☐ NO
- You have started to receive or had an increase in child/spousal support payments? . . . . . ☐ YES ☐ NO

If you answered **"YES"** to any of these questions, you and other family members may still be eligible for Medi-Cal. Complete this form and attach pay stubs or other proof of earnings. If you are self-employed, list business costs on a separate sheet of paper and attach proof of income and costs.

Return this request form to:

If the information you give us is complete and we can tell from your case file that you qualify, we will put you and eligible family members on an extended Medi-Cal program, such as the Transitional Medi-Cal program. If we need more information from you, we will contact you.

I declare under penalty of perjury that all information provided is true and correct.

NAME		SOCIAL SECURITY NUMBER	
SIGNATURE		TELEPHONE NUMBER ( )	DATE
ADDRESS	CITY		ZIP CODE
SIGNATURE OF WITNESS, INTERPRETER, OR PERSON ASSISTING		TELEPHONE NUMBER ( )	DATE